

MEDICOLEGAL GRAND ROUNDS

MISDIAGNOSES INVOLVING PREGNANCY

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Amenorrhea is a symptom commonly reported not only to practitioners of obstetrics and gynecology but also to internists, family practitioners, and other primary care providers. Current technology enables providers to more accurately diagnose pregnancy and estimate its stage. Nonetheless, both the failure to diagnose pregnancy and the inaccurate estimation of gestational age continue to spawn litigation.

Several years ago, the Supreme Court of Mississippi considered the case of a 34-year-old woman who presented to her physician with urinary frequency, back pain, and a five-month cessation of menses.¹ Tetracycline and Bactrim DS™ were prescribed. Several weeks later, the patient complained of pelvic tenderness. Diagnosed with a vaginal infection, she was prescribed Flagyl®. During several subsequent visits, the patient complained of swollen feet, breast tenderness, back pain and bloating. A diuretic and a semisynthetic penicillin were additionally prescribed.

During the months following her initial visit, the woman was evaluated by her physician eight times. Pregnancy was never diagnosed. Two weeks after the final visit, she experienced severe abdominal cramping and delivered a stillborn infant.

The patient sued, claiming that her physician failed to perform an adequate physical examination or order readily available laboratory tests. She maintained that this conduct represented negligence, resulting in the prescription of teratogenic medication and her unborn child's death.

The Mississippi Supreme Court reversed an initial summary judgment for the defendant doctor and remanded the case for further disposition. Among other determinations, the court found that the affidavit of the patient's medical expert should have been more seriously considered. The expert contended that the defendant physician had arrived at an irrational diagnosis, unsupported by physical examination or laboratory evidence.

Failure to detect an ectopic pregnancy also continues to result in professional liability claims. In a recent case, a patient with an intrauterine device experienced prolonged menstrual bleeding and discomfort.² After removing the device, her doctor prescribed antibiotics for a presumptive diagnosis of pelvic inflammatory disease. The results of a subsequent serum pregnancy test were positive, and a sonogram demonstrated a small uterine lucency suggesting an early gestation. A subsequent sonogram did not demonstrate a gestational sac.

Three weeks following the diagnosis of probable intrauterine pregnancy, the patient was hospitalized for severe abdominal pain. An exploratory laparotomy led to the discovery of a ruptured right tubal pregnancy. The patient sued, claiming negligence in the failure to diagnose the ectopic pregnancy. An initial verdict against the defendant doctor was overturned on appeal, because the plaintiff's expert lacked sufficient qualifications. The expert had completed residencies in both orthopedics and psychiatry, but had never practiced obstetrics or gynecology and, indeed, had never cared for a pregnant patient.

Finally, successful suit can be brought for failure to accurately calculate gestational age. In an Alabama case, a woman stopped taking oral contraceptive medication in late January and, when she suspected pregnancy, visited her physician in March.³ He estimated that conception had occurred in December although she was on contraceptive medication at that time. Based on his calculations, the physician induced labor the following October. A five pound, nine ounce infant was born with respiratory distress syndrome. The child was placed on a respirator, a pneumothorax developed, and insertion of a chest tube was required.

The parents sued, alleging a negligent calculation of gestational age that resulted in injury to the premature infant. The plaintiff's expert criticized the defendant doctor for not having employed sonography to confirm his calculated gestational age. A trial verdict for the plaintiffs was affirmed on appeal.

Despite recent technological advances, both provider oversight and the vagaries of clinical medicine still lead to failures in diagnosing and staging pregnancy. A high index of suspicion and proper utilization of diagnostic tests remain crucial in limiting liability.

REFERENCES

1. Terrell v. Rankin, 511 So. 2d 126 (Miss. 1987).
2. Crespo v. McCartin, 244 N.J. Super. 413, 582 A.2d 1011 (1990).
3. Fabianke v. Weaver, 527 So. 2d 1253 (Ala. 1988).